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ABSTRACT

Project REACH (Rural Education Approach in a Consortium for Handicapped) was designed as a model program to demonstrate methods of service for mildly, moderately, and severely handicapped children located in 14 school district areas in 5 counties of the San Luis Valley in southern Colorado from October 1978 through June 1981. The main emphasis was on serving the severely handicapped in rural areas where adequate programs designed to meet their need seldom exist. The model had a 3-part thrust: service, education, and interagency cooperation. Of the 168 children in the area identified as needing supplementary services, 136 had been served by the end of the project. While parent group involvement did not prove practical, the most effective activities reached individual families on a one-to-one basis. REACH was directly involved with integration of children from a community center to either transitional or regular classrooms in 6 of the 14 districts; service was provided for handicapped children in the existing population in the remaining 8 districts. Students and staff members were given integration inservice prior to receiving mentally retarded or Cerebral Palsy students. Project REACH continued to coordinate referrals to various state and local agencies. Approximately 700 people attended various community workshops conducted by REACH from 1979 to 1981. (BRR)

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PROJECT REACH

A RURAL EDUCATION APPROACH IN A CONSORTIUM FOR HANDICAPPED: A COMPREHENSIVE SERVICE MODEL

1980-1981

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FINAL EVALUATION REPORT

COMPILED BY:
DALE E. LORIMER

SAN LUIS VALLEY BOARD OF COOPERATIVE EDUCATIONAL SERVICES

ALAMOSA, COLORADO

RC 013259

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PROJECT REACH
1980-1981
A RURAL EDUCATION APPROACH IN A CONSORTIUM FOR HANDICAPPED
A COMPREHENSIVE SERVICE MODEL

Final Evaluation

Project REACH was designed to serve as a model program to demonstrate direct methods of service for mildly, moderately and severely handicapped children. The main emphasis was on serving the severely handicapped in rural areas where adequate programs designed to meet their needs seldom exist.

Throughout the three year program the Model retained its tri-part thrust: (1) Service, (2) Education, (3) Interagency Cooperation. This final evaluation format will address these three components.

REACH serves 14 school district areas in 5 counties of the San Luis Valley in Southern Colorado. The Valley is about 100 miles long and 50 miles wide. There are two communities over 5000, but less than 10,000 population. Three communities would fall between 3000 and 5000 population. Approximately 20 other communities would be classed as villages and would vary from 100 people to 3000 people. A State Department of Education report in 1974-1975 identified 168 children in the area who need supplementary services of physical or occupational therapy. Following a comprehensive Needs Assessment, one main Goal and 10 Objectives were set up to be accomplished by the REACH program.

GOAL: To develop and implement and exemplary tri-part model of service for severely handicapped students which can be used as a model for other rural communities in the nation.

OBJECTIVE 1. To develop and implement in the school and home environments prescriptive supplementary supportive programs for 80% of the handicapped children ages 5-18 in the 14 school districts by June 1979.

OBJECTIVE 2. To improve the extension of each individual prescriptive educational program to the regular and/or special education classroom setting...70% by 1980.

OBJECTIVE 3. To improve communication of the prescriptive goals and methodology to the parents of handicapped children...80% by June, 1980.

OBJECTIVE 4. To increase the socio-functional, self-concept, and general academic skills of each child enrolled in the supplementary support service project...40% by June, 1981.

OBJECTIVE 5. To involve 50 students of various disciplines to work with handicapped children, their schools and families.

OBJECTIVE 6. To increase by 50% the knowledge of an interdisciplinary approach of 20 professionals as will be measured by pre and post testing by 1979.

OBJECTIVE 7. To stimulate 10 school districts to lead, in the implementation of programs for the handicapped children by the end of 1981.

OBJECTIVE 8. To acquaint 30% of the graduating special education class of the local Institution of Higher Education in the procedure of coordination and supplementary educational services of the special education teacher by the end of 1979.

OBJECTIVE 9. To develop a community-wide public information/public education program in 50%, knowledge of the service model of 90% of the persons at the demonstration workshops.

During the entire program, responsibility of each of the staff members was determined by use of the WATSON DECISION MAKING MODEL. The model was obtained from "The Network" at a Federal Technical Assistance Workshop. Each staff member completed the forms shown on page 3. All choices were negotiable and were resolved at a staff meeting. The director feels that the procedure worked very well all three years of the program.

As is stated in the Project REACH proposal we must meet the following objectives, and activities:

( ) indicate original goals and objectives.

	PHYSICAL THERAPIST	COMMUN-ICATION	SPE-CIAL ED.	O.T.	BOCES	SPE-CIAL ED.	AM
DIRECT SERVICE (1,2,4) Screening Instruments Intake Infor. I.E.P. Progress Reports Teacher Consultation	C	D	D/C	C	I	D	--
HOME INVOLVEMENT (3) Parent communication	C	C	D	C	C	I	--
HIGHER EDUCATION INVOLVEMENT (5,6,8) ASC Class Extension Class Student Visits, Interns	D	C	C	D	I	I	C
INSERVICE Schools Agencies							
INTEGRATION (7) Implementation	C	D	D/C	C	I	I	I
PUBLIC INFORMATION EDUCATION (9) Parent Groups Community Presentation Referrals	D	C	C	C	I	I	I
DISSEMINATION (10) Abstract Presentation Schedule/Format	D	C	C	D	I	I	I
FISCAL RESPONSIBILITIES				D	D	--	--
PRESS RELEASES				D	D	I	I

D - for the objectives and its activities you are interested in and would like to be directly responsible.

C - for the objectives and its activities that you desire consultation with, but don't have a great concern or interest.

I - for the objectives and its activities that you would just like to be informed of.

DIRECT SERVICES

DIRECT SERVICE

A major emphasis has been placed on direct service to disabled children by the REACH Project from October 1978 through June 1981 (see objectives 1,2,4, page 1 & 2). This includes therapy, tutorial programs, parent counseling and home programs, teacher consultations, evaluations and assessments, individual educational prescriptions and the fitting of adaptive equipment.

With the advent of PL 94-142 and the return of more and more children from institutions to their home schools, the need to adequately integrate these children has become apparent. The REACH staff developed activities and a process to smooth their mainstreaming. Project REACH also served as an initial impetus for the creation of a classroom whose purpose is to serve as a transition from an institutional setting to a public school setting.

As of June 15, 1981, a total of 136 children had received services and had been affected in some way by REACH personnel.

When applicable, teachers have been assisted with behavior management programs, construction of educational programs and objectives, coordination between school and home environments, and adaptation of the child's environment. Materials and counseling on the integration of institutionalized children have also been utilized, and will be covered under the section of this report on Integration. Permission to collect information was obtained on all students and home visits have been made to all children served during the 1979-1980 & 1980-1981 school year. All students have been evaluated by one or more of the team members to determine appropriateness and prescriptive strategies.

The following list is a summary chart of Direct Services for the 136 children. A numerically coded list of the 136 names is on file in the offices of Special Education at the San Luis Valley BOCES.

BEST COPY AVAILABLE

DIRECT SERVICE

Child	District	Activities	Date	Staff
1	Monte Vista	Signs, behavior Mgt. complete Ed. program	5 times wkly 10/78 - 6/79	Special Educator
2	Alamosa	Behavior Mgt. Integration visits Evaluation Consult on posture program	4/79 - 6/79 3/81 - 2/80 9/80	Special Educator All staff PT
3	Alamosa	Basic concepts, integration visits Evaluation Consult on posture program	5 times wkly 1/79 - 5/79 2/80 - 9/80	Special Educator All Staff PT
4	Alamosa	Integration visits Scoliosis and postural exercises. Speech and language and concepts	4/79 - 5/79 10/79 - 9/80 3/79 - 5/81	Special E Physical Therapist Speech
5	Alamosa	Evaluation	4/79	Special Educator
6	Monte Vista	Alternative Language Program Reading Program	5 times wkly. 10/78 - 6/79 1/81 - 4/81	Speech Special E
7	South Conejos	Evaluations Physical Therapy Language with Handivoice, Readiness Skills, OT Program	5/79 1/80 - 5/81	Special Educator Physical Therapist OT, Speec Spec. Ed.
8	Alamosa	Evaluation	9/79	Occupatio Therapist
9	Conejos	Evaluations	6/79	Special Educator
10	South Conejos	Integration visits Wt. Control Consultation Evaluations Consultive postural exercises	5/79 5/80 2/80 4/80 - 9/80	Occupatio Therapist Occupatio Therapist All Staff Physical Therapist
11	South Conejos	Evaluation, home language and behavior Mgt. program	4/79 - 6/79	Special Educator

DIRECT SERVICE

Child	District	Activities	Date	Staff
12	Monte Vista	Language Therapy	5 times wkly 5/79 - 6/79	Special Educator
13	Alamosa	Language Therapy	3 times wkly 2/79 - 6/79	Special Educator
14	Del Norte	Evaluation, Integration visits	12/78 - 5/79	Special Educator
		Adaptive P.E. & P.T. program	9/79 - 4/81	Physical Therapist
		Occupational Therapy program	9/79 - 1/80	Occupational Therapist
		Articulation & Language program	9/79 - 5/81	Speech
15	Alamosa	Evaluation	6/79	Special Educator
16	San Luis	Evaluation	4/79	Special Educator
17	South Conejos	Evaluation	5/79	Special Educator
		Evaluation	2/80	All Staff
		Consultive postural exercises	4/80 - 9/80	Physical Therapist
18	San Luis	Evaluation	1/79	Special Educator
		Evaluation	2/80	All Staff
		Consultive postural exercises	4/80 - 9/80	Physical Therapist
19	Alamosa	Evaluations	5/79	Special Educator
		Consultation	12/80	Special Educator
20	Alamosa	Evaluations	4/79	Special Educator
21	Alamosa	Complete Ed. Program Gross motor therapy	5 times wkly 4/79 - 6/79	Special Educator
22	Alamosa	Evaluation	6/79	Special Educator

DIRECT SERVICE CONT:

Child	District	Activities	Date	Staff
23	Conejos	Evaluation	4/79	Special Educator
24	Sargent	Consultation with teacher		Special Educator
		Follow-up with teacher and consultation	12/79	Special Educator
25	Saguache	Alternative Language Program	5 times wkly 10/78 - 6/79	Speech
		Evaluation, Reading, OT Program, Adaptive Aids, Transfers, Language with Handi-Voice	10/80 - 5/81	All Staff
26	Alamosa	Behavior Mgt. Program	2/79	Special Educator
27	S. Grande	Gross & Fine Motor	1 time wkly 10/78 - 5/79	Occupational Therapy
		Basic Concepts	1 time wkly 10/78 - 5/79	Special Educator
		Reading Readiness, Basic Math Concepts, Home Program, Basic Concepts	1 time wkly 10/79 - 4/81	Special Educator
		expressive language dev. receptive lang. memory activities	1 time wkly 10/79 - 4/81	Speech Therapist
		Balance, Fine & Gross Motor Skills	1 time wkly 10/79 - 4/81	Occupational Therapist
28	S. Grande	Gross & Fine Motor Skills	1 time wkly 10/78 - 5/79	Occupational Therapist
		Basic concepts	1 time wkly 10/78 - 5/79	Special Educator
		Reading readiness, Basic Math Concepts, Home Program Basic concepts,	1 time wkly 10/79 - 4/81	Special Educator
		Receptive lang. dev. Expressive lang. development, memory act.	1 time wkly 10/79 - 4/81	Speech Therapist
		Balance, protective abilities fine & gross motor skills		Occupational Therapist
29	Creede	Life Skills Program	1 time wkly	Special Educator
30	Alamosa	Evaluation	6/79	Special Educator

DIRECT SERVICE CONT:

Child	District	Activities	Date	Staff
31	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
32	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
33	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
34	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
35	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
36	Alamosa	Evaluation	5/79	Special Educator
37	San Luis	Gross & Fine Motor	1 time wkly 1/79 - 4/79	Occupational Therapist
		Consultation & Evaluation	10/79 - 4/80	Occupational Therapist
		O.T. Program	1 time wkly 4/80 - 6/80	Occupational Therapist
		Evaluation	1/80 - 6/80	Speech
		Language Development	4/80 - 5/81	Speech
		Behavioral assessment	2/80	Special Educator
		Evaluation	11/79	Physical Therapist
		P.T. Program	3/80 - 5/81	Physical Therapist
38	San Luis	Evaluation, Integration visits	2 times wkly	Special Educator
39	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
40	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
41	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator
42	Monte Vista	Grammar	1 time wkly 10/78 - 5/79	Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
43	No. Conejos	Balance, Equilibrium, visual memory	10/78 - 6/79	Occupational Therapist
44	No. Conejos	ROM, Communication, respiratory.	1 time wkly 1/79 - 5/79	Occupational Therapist
		Counseling, adaptive equipment/wheelchair	9/79 - 10/79	Physical Therapist
45	Creede	Gross & Fine Motor, ADL program	1 time wkly 10/78 - 12/78	Occupational Therapist
		Gait training, transfers, UE strenghthening	1 time wkly 10/79 - 4/81	Physical Therapist
		Consultation with mother & teacher	10/79 - 3/80	Occupational Therapist
46	Monte Vista	ROM, ADL	1 time wkly 10/78 - 5/79	Occupational Therapist
		Trunk mobility, reflex inhibition, relaxation, heel chord lengthening	1 time wkly 10/79 - 5/80	Physical Therapist
		Consultation to introduce daily living aids	9/79	Occupational Therapist
47	San Luis	Evaluation	12/78	Special Educator
		Consultation	9/80 - 2/81	Speech
48	San Luis	Evaluation	12/78	Special Educator
49	Alamosa	Language Evaluation	10/78	Special Educator
50	Monte Vista	Behavior Mgt. program	12/78	Special Educator
51	Monte Vista	Behavior Mgt. program	2/79	Special Educator
52	Alamosa	Behavior Mgt. program	3/79	Special Educator
53	Alamosa	Evaluation	3/79	Special Educator
54	Alamosa	Evaluation	1/79	Special Educator
		Supervised home program & parent consultation	11/79 - 6/80	Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
55	Saguache	Evaluation	5/79	Occupational Therapist
56	Alamosa	Evaluation, Consultation	12/80 - 3/81	Speech Special Educator
57	Saguache	Alternative Lang. Program	5 times wkly 10/78 - 6/79	Speech
58	Del Norte	Evaluation	5/79	Occupational Therapist
59	Monte Vista	Evaluation	2/79	Occupational Therapist
60	No. Conejos	Gross & Fine Motor	1 time wkly 10/78 - 5/79	Occupational Therapist
61	Del Norte	Reflex inhibition, skill	1 time wkly 10/79 - 6/80	Physical Therapist
62	Del Norte	Aid in communication skills with typewriter, aid in eating with rocker knife, consultation with teachers	1 time wkly 10/79 - 5/80	Occupational Therapist
		Relaxation, reflex, inhibition, wt. bearing exercises, consult on APE	9/80 - 4/81	Physical Therapist
62	No. Conejos	Evaluation	1/79	Special Educator
63	Alamosa	Evaluation	2/80	All Team Mem.
		consult on posture program	9/80	Physical Therapist
64	Alamosa	Evaluation	2/80	All Team Mem.
		Language Therapy	2/80 - 2/81	Speech
		B Mod Program for Home	10/80 - 2/81	Special Educator
65	Alamosa	Evaluation	2/80	All Team Mem.
		Wt. Control & Hygiene Program	5/80	Occupational Therapy
		Consultation on posture	9/80	Physical Therapy

Direct Service Cont:

Child	District	Activities	Date	Staff
66	No. Conejos	Evaluation	2/80	All Team Mem
		Consult on posture program	9/80	Physical Therapist
67	Sierra Grande	Evaluation	2/80	Occupational Therapist
		Evaluation, Lang. Therapy	2/80 - 4/81	Speech
		Evaluation, Readiness Act.	2/80 - 4/80	Special Educator
68	No. Conejos	Muscle strengthening, reflex inhibition	11/79 - 3/80 3/81 - 5/81	Occupational Therapist
		Evaluation. Motor Development.	2/80 - 4/80	Physical Therapist
		Auditory memory skills, expressive & receptive lang., increase breath support & control	2/80 - 4/80	Speech
69	Del Norte	Adaptive P.E. Supervision trunk rotation, normal gait, heel-toe gait	1 time wkly 12/79 - 4/81	Physical Therapist
70	Hooper	Strengthening exercises, balance transferring, integration	12/79 - 4/81	Occupational Therapist
		Walking, standing, transferring, wheelchair manipulation, exercises	10/79 - 5/81	Physical Therapist
		Integration activities	2 times wkly full day 1/80	Special Educator
71	So. Conejos	Observation, informal assessment.	10/79	Special Education
		Consultation	10/80	
72	So. Conejos	Evaluation, Consult with teacher & parents	2/80 - 3/80	Occupational Therapist
		Evaluation, ROM, strengthening	2/80 - 11/81	Physical Therapist
73	No. Conejos	Reading program	1 time wkly 10/79 - 5/80	Special Educator
		Consultation	11/80	Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
74	No. Conejos	Assessment, auditory & visual memory, consultation with teachers & parents	1/80 - 4/81	Special Educator
75	Monte Vista	Consultation with school nurse, informal assessment	11/79	Physical Therapist
76	Creede	Evaluation, consultation with parents & teachers	1 time wkly 10/79 - 1/80	All Team Mem.
77	Alamosa	Consultation with teacher	1/80	Speech
78	Monte Vista	Evaluation	12/79	Occupational Therapist, Physical Therapist
79	Del Norte	Evaluation	11/79 - 12/79	Occupational Therapist, Physical Therapist
80	Del Norte	Evaluation	9/79	Occupational Therapist, Physical Therapist
81	Sargent	Behavior Mgt. program Consult with teacher	11/79 11/80	Special Educator
82	S.D. Cristo	Behavior Mgt. Program	1/80	Special Educator
83	So. Conejos	Evaluation	2/79 11/80	Occupational Therapist Physical Therapist
84	S.D. Cristo	Evaluation, Scoliosis exercises	4/80 - 3/81	Physical Therapist
85	Alamosa	Evaluation	4/80	Speech
86	No. Conejos	Evaluation, Consultation with teachers	4/80	Physical Therapist
87	Center	Behavior Mgt. Consultation with teachers	4/80 9/80 - 10/80	Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
88	Center	Observation, consult with principal	4/80	Special Educator
89	San Luis	Observation, consult with teacher	4/80	Special Educator
90	Alamosa	Consultation on inhibitive casting Relaxation, Gross Motor Prog.	4/80 9/80 - 4/81	Physical Therapist Physical Therapist
91	Moffat	Behavior Mgt. Program	5/80	Special Educator
92	Monte Vista	Evaluation "	5/80 - 6/80 2/81 - 3/81	All Team Mem. "
93	Alamosa	Mobility Training	5/80 - 6/80	Occupational Therapist
94	Saguache	Consultation	4/80	Special Educator
95	Center	Consultation	2/80	Occupational Therapist, Physical Therapist
96	No. Conejos	Evaluation	6/80	Occupational Therapist, Physical Therapist
97	Alamosa	Evaluation	6/80	Occupational Therapist, Physical Therapist
98	So. Conejos	Evaluation	6/80	Physical Therapist
99	Monte Vista	Evaluation	1/80	Occupational Therapist, Physical Therapist
100	Alamosa	Evaluation	2/80	Physical Therapist

Direct Service Cont:

Child	District	Activities	Date	Staff
101	Centennial	Consultation & Evaluation	4/81	Physical Therapist, Special Educator
102	S.D. Cristo	Consultation & Evaluation	4/81	Physical Therapist, Occupational Therapist
103	Alamosa	Consultation & Evaluation	4/81	Physical Therapist, Occupational Therapist
104	Del Norte	Evaluation	4/81	Physical Therapist, Occupational Therapist
105	Center	Evaluation	4/81	Physical Therapist
106	Monte Vista	Evaluation	4/81	Physical Therapist
107	Monte Vista	Consultation	4/81	Physical Therapist
108	Sargent	Consultation, home program	2/81 - 4/81	Special Educator
109	Monte Vista	Behavior Consultation	1/81 - 5/81	Special Educator
110	Alamosa	Evaluation	1/81 - 4/81	Speech
111	Monte Vista	Consultation	11/80 - 3/81	Physical Therapist
112	Monte Vista	Consultation	10/80 - 3/81	Physical Therapist
113	No. Conejos	Evaluation	3/81	Special Educator
114	Alamosa	Consultation	11/80 - 4/81	Physical Therapist
115	Centennial	Consultation	2/81	Physical Therapist Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
116	Alamosa	Evaluation	2/81	Physical Therapist, Occupational Therapist
117	Center	Consultation	2/81	Physical Therapist
118	Del Norte	Evaluation	2/81	Physical Therapist, Occupational Therapist
119	Alamosa	Evaluation	2/81	Physical Therapist
120	Alamosa	Consultation	2/81	Physical Therapist
121	Del Norte	Observation & Consultation	2/81	Special Educator
122	Monte Vista	Behavior Program	11/80 - 4/81	Special Educator
123	No. Conejos Alamosa	Evaluation, behavior program, home program in readiness skills	11/80 - 4/81	Special Educator
124	Saguache	Consultation	12/81	Special Educator
125	Del Norte	Consultation	11/80	Speech
126	No. Conejos	Consultation	11/80	Physical Therapist
127	No. Conejos	Consultation, Postural Exercises	11/80 - 4/81	Physical Therapist, Occupational Therapist, Special Educator
128	S.D. Cristo	Consultation	9/80 - 10/80	Special Educator
129	Sanford	Home Program Sign Language	10/80 - 1/81	Special Educator

Direct Service Cont:

Child	District	Activities	Date	Staff
130	No. Conejos	Evaluation	10/80	Occupational Therapist, Physical Therapist
131	No. Conejos	Evaluation	10/80	Physical Therapist
132	Saguache	Evaluation, Language with Handivoice, OT Program, Transfer and Gross Motor training feeding program, school readiness skills	10/80 - 5/81	All Staff
133	Centennial	Behavior Consultation	10/80	Special Educator
134	Sierra Grande	Evaluation, B. Mod program, school readiness skills	9/80 - 12/80	Special Educator
135	Del Norte	Observation, consultation	9/80	Special Educator
136	Alamosa	Evaluation, Articulation, Basic Concepts	11/80 - 4/81	Speech

EDUCATION

Education of Parents & Parent Involvement

Integration - Transitional Classroom - Mainstreaming Handicapped

Inservice - Staff - Public - Public School Teachers

Higher Education - Graduate Students - Special Education Students
Extension Classes

PARENT INVOLVEMENT

During the first year of Project REACH much emphasis was placed on acquisition of methods based on the model developed at the University of New Mexico Parent Involvement Center by Dr. Roger Kroth. Efforts to update information were renewed the second year and much time was given to implementation of the methodology.

Parent meetings were planned to disseminate information, encourage active group participation and to foster a sense of ownership of the program on the part of the parents. These meetings were organized around the response to an interest questionnaire, and were held in three geographically convenient locations. Attendance was poor, with two parents participating out of the 29 who were invited. Because assistance with transportation, baby sitting and scheduling were offered, these were not thought to be responsible for the poor turnout.

At the outset of the third year, the emphasis was renewed on close contact with individual families. Consultation with parents, supervision of active parental participation in therapy and distribution of both general and specific information to families were stressed. Newsletters were mailed out periodically in a further attempt to disseminate information and solicit comments.

It has become apparent that the interest priorities of the parent population in this isolated, rural area does not allow the organization of parent groups. The level of interest focuses on the specific child and his handicap, as opposed to the general field and common interests. Consequently, the most effective activities have been those designed to reach the indivitual family on a one-to-one basis. Good follow-through has been achieved with a large percentage of the families involved with physical therapy, and somewhat smaller percentage of the families involved with occupational therapy, speech/language, and special education.

It has been noted that there seems to be a concentration of effort on one given area by the family, despite the intervention of therapists from different disciplines. And, that concentration seems to be related to the amount of time spent in home visits and the persistence with which the therapist enlists the aid of parents and siblings.

All in all, the direct, single family intervention within the home appears to have been most effective. Prioritization of goals became apparent in the activities that received the greatest amount of follow-through. Not only did the parents consider the goals designated by the therapists, but they worked, in most cases, to help achieve these goals. The involvement of parents is felt to have been a successful aspect of the Project.

INTEGRATION SERVICES

The integration of children from a community center back into their home districts, and the fostering of a healthy attitude on the part of staff, administration and students have received a great deal of attention from Project REACH members during the three years of the project's existence.

In the Spring of 1979, numerous visitations were made with children from Blue Peaks Learning Center in their home districts. REACH also was instrumental in the organization of a transitional classroom to aid in the mainstreaming process, to be supported jointly by the community center and one of the larger districts. In another district, a 9 year old Down's Syndrome child was placed in a kindergarten class with a great deal of assistance from the Itinerate Special Educator.

In the Fall of 1979, the REACH staff was involved in the successful placement of a 5 year old Cerebral Palsy child in an appropriate kindergarten program, augmeted with adaptive P.E. at school and speech/language at home. In January 1980, REACH again became directly involved with the transition of a 12 year old Spinabifida child from the transitional classroom to her home district. Support and information were made available full-time during the transition month and on an itinerant basis thereafter.

The 1980-1981 year saw four additional moderately-severely handicapped Cerebral Palsy children placed in a mainstreamed situation. Two of the children, boys of 15 and 17 years, went to the same school from the community center. A girl of 7 years was returned to her home district shortly after school began in the fall. And the fourth, a 6 year old boy, went into kindergarten in yet another district. Of these children, the first three are wheelchair bound, and the fourth just learning to walk.

All are functionally non-verbal. Different degrees of success have been noted, depending on motivation of student, attitude and follow-through of parents, severity of handicap and attendant factors (such as drool control), and amount of inservice conducted prior to actual transition.

To date, REACH has been directly involved with integration of children from a community center to either transitional or regular classrooms in six of the fourteen districts. Service has been provided for handicapped children in the existing population in the remaining eight districts. A contributing factor has been that cooperation between staff at the Handicapped Center and the REACH team has been good during the 1980-1981 year, and support services and joint evaluations have been utilized.

As pointed out in the 1979-1980 evaluation, an extremely worthwhile integration activity was the presentation of the "Kids on the Block" puppet show. During that year 1316 students and staff were in attendance. In 1980-1981, an additional 2587 students and staff members in 11 districts were seen, for a total audience of 3903. The remaining district was unable to schedule the show due to the time constraints. A great deal of emphasis was put on small group participation and follow-up activities. These shows were presented in an attempt to promote understanding and acceptance of handicaps at a level children K-6 could identify with, and to provide teachers and administrators with some useful, factual resource material. Feedback from professionals and parents alike has been extremely encouraging. An additional inservice was presented to 60 sixth graders to further facilitate the integration of a mentally retarded peer into their school.

In addition, a population of approximately 120 students, grades 7-12 and all appropriate staff members at the junior-senior high level were given a full-day integration inservice prior to receiving to Cerebral Palsy teenage boys. This inservice included videotapes, simulated handicaps experienced by the students themselves, and small group discussion of Cerebral Palsy and handicaps in general.

Although the district task forces projected in last year's evaluation were not forthcoming, many staff members in all districts have exhibited a heightened degree of awareness and an increasing willingness to "go to bat" for the rights of their moderately-severely handicapped students. And, the acceptance shown by the students has been gratifying.

Beginning in the Fall of 1981, the system of delivery for support services for all of the 14 districts will be re-organized. The new system reflects district ownership of responsibility for education the school-aged population formerly served by the community center. All clients will be served in either solely supported or shared classrooms within the districts. It is hoped that the efforts of the REACH Team have been instrumental in this process, and that the results of our work in integration will be applied to the situations that arise.

INSERVICE

The inservice component of Project REACH is an extremely integral and important factor. The following are operational implications, the in-service coordinators utilize:

1. Because many participants have been unsatisfactory experiences with in-service activities, it is critical that teachers be involved in the identification and articulation of their own training needs. When teachers are involved in the initiation and organization of training activities, conditions are enhanced for peer support, shared effort, and eventual utilization of new insights and skills.

2. A problem-solving approach has the greatest potential for resulting in real learning. Therefore, most in-service education activities are carried on within the setting in which the learners normally work together. Using the inquiry method, staff members can effectively learn to identify and analyze their own problems and to participate in achieving solutions.

3. Many resource materials and technological aids are now available, and many useful kinds of training facilities have been designed and developed. Training programs provede the participant with the opportunity to learn to use current resource materials.

4. Group efforts at problem solving encourage the sharing of acquired skills and of tested methods for dealing with common problems. Thus teachers themselves can contribute to a growing body of knowledge that will be of significance to the entire profession.

Approximately 34 inservices have been conducted since August 25, 1980 to May 29, 1981. The total number of participants was 340 adults. Almost all inservices were evaluated at the end of the presentation, however, due to time limitations or odd circumstances, some inservices were not formally evaluated.

INSERVICE CHART FOR 1980-1981

DATE	INSERVICE TOPIC	LOCATION	PRESENTOR (S)
August 29, 1980	Project REACH Description	Beaver Creek, South Fork	Occupational Therapist, Speech Therapist, Physical Therapist Special Educator
September 8, 1980	Spina Bifida	Sangre de Cristo Elementary	Occupational Therapist, Physical Therapist, Special Educator
September 10, 1980	Parent/Teacher Communication	Mountain Valley High School Saguache	Physical Therapist
October 6, 1980	Project REACH	Learning Conference, Alamosa	Physical Therapist, Occupational Therapist, Speech Therapist, Special Educator
October 16, 1980	Muscular Dystrophy	Monte Vista Headstart	Physical Therapist
October 22, 1980	Stress & Relaxation	Centauri High School La Jara	Physical Therapist
November 13, 1980	Seizure Disorders	Center High School, Center	Physical Therapist
December 10, 1980	Stress & Relaxation	North Conejos Jr. High, Capulin	Physical Therapist
December 18, 1980	Cerebral Palsy	Mountain Valley, Saguache	Occupational Therapist
December 19, 1980	Cerebral Palsy & Simulations	Mountain Valley, Saguache	Occupational Therapist, Physical Therapist, Speech Therapist, Special Educator
February 13,14, 1981	Project REACH	Council for Exceptional Children Conference, Colorado Springs	Occupational Therapist,
February 16, 1981	Project REACH	Superintendents Council	Occupational Therapist
February 18, 1981	Behavior Management	Romeo Elementary, Romeo	Special Educator
March 10, 1981	Project REACH	American Occupational Therapy Association, San Antonio, TX	Occupational Therapist

INSERVICE CHART FOR 1980-1981 - CONTINUED

DATE	INSERVICE TOPIC	LOCATION	PRESENTOR (S)
April 13, 1981	Learning Strategies	BOCES Staff	Consultants
April 17, 1981	Stress & Relaxation	Sanford	Physical Therapist
April 20, 1981	Project REACH Summary	BOCES Board	Occupational Therapist
April 8, 1981	Project REACH	Boulder	Occupational Therapist
September to June	19 Integration Puppet Shows	13 School Districts	Occupational Therapist, Physical Therapist, Speech Therapist, Special Educator

HIGHER EDUCATION

The Project REACH staff continued its involvement with Adams State College in the final year of the project. A twelve week off-campus extension class was given in a local community. Two other communities were offered the same class but declined due to different priorities of education.

A graduate student of Speech Pathology spent an intensive internship with project REACH to enhance her skills in working with severely and moderately handicapped children. Graduate schools of Physical and Occupational Therapy were contacted and offered the area as sites for interns. The Universities decided that due to the high cost of gasoline and the rural and isolated location they would rather keep their students close to the universities.

In order to encourage interdisciplinary considerations, an off-campus extension class was offered and presented to the South Conejos School District Staff. Eighteen teachers from the elementary, junior high and high school grades attended the class. One semester hour credit for the cost of $25.00 was offered. The following topics were covered in the course:

Handicapism
Cerebral Palsy
Mental Retardation
Hearing Impairments
Implications of P.L. 94-142
Behavior Management
Parent and Teacher Communication

The class was well received and evaluations by the participants were high. Participants viewed it as a beneficial and needed experience.

This class was offered to two other districts for the spring semester. Both districts declined, stating that their teachers were involved in too many inservices and classes as it was.

HIGHER EDUCATION INVOLVEMENT

DATE	INVOLVEMENT	PERSON(S) RESPONSIBLE
September 15	Plan off-campus extension class with ASC Department Head (Special Education)	Occupational Therapist
September 29 to December 22	Conduct off-campus extension class entitles "Mainstreaming Techniques for the Regular Classroom Teacher" in the South Conejos School District	Special Educator Physical Therapist Occupational Therapist Speech Therapist
January 19	Contact two school districts offering the above class	Occupational Therapist
February 16 to May 4	Provide internship experiences for one Speech Pathology Graduate student	Speech Therapist

INTERAGENCY COOPERATION

COMMUNITY INVOLVEMENT

INTERAGENCY COOPERATION

Communication and cooperation between the various funding and service agencies are important components of this model for several reasons. Without coordination important considerations to a child's comprehensive program may not surface. This may result in an incomplete or inadequate prescription. Compounding the problem, in rural areas, there is frequently a shortage of service providers.

The Developmental/Evaluation Clinic is now an example of successful cooperation between agencies. However, this was not always the case. A fundamental conflict arose in the diagnostic prescriptive approach employed by the evaluators from the medical and educational systems respectively. The D & E Clinic evolved through the medical model (Colorado State Department of Health), i.e., diagnosis/prescription without direct parental involvement. The Clinic relied on evaluators from the BOCES (educational model) where direct parental input is felt to be essential and is mandated by law.

The steps taken to remediate this conflict exemplify a workable process to achieve cooperation between these agencies. These were:

1) Initial Contact
   a. Personal, the establishment of appropriate working relationships. In this case, several BOCES members were already on the D & E administrative board prior to the conflict.

   b. Information sharing and delineation of responsibilities at all levels.

2) Communication between the agencies at an administrative level as to procedures and goals.

3) Definition of congruency/incongruency of goals and procedures at the administrative level.

4) Negotiation process at an administrative level. The outcome of this negotiation process should be a compromise concerning the differences of philosophy or approach workable for both systems.

5) Upon arrival at workable compromise, the solutions should be disseminated to <u>all</u> involved, (staff, administrators, parents, etc.)

6) The outcome then should be approached with an attitude of cooperation. In this case the outcome (compromise) was the establishment of 2 staffing processes, one with parents involved directly, one in which only professionals were present.

7) Evaluation of the effectiveness of the compromise by all involved.

8) Further negotiation at an administrative level if needed. With appropriate dissemination.

The compromise outcome and the D & E process has been evaluated by the Colorado State Department of Health. They liked the new format enough to use the SLV D & E Clinic as a model for other D & E clinics around the state with similar conflicts.

In the case of interagency coordination where basic conflicts do not arise the process may flow as follows:

1) Introduction at all levels
   a. Personal
   b. Information sharing, responsibility delineation.

2) Communication between agencies as to goals, procedures at an administrative level. The level of coordination can be established if no problems arise.

3) Dissemination to all involved the procedures and responsibilities of all involved.

4) Evaluation of the effectiveness of cooperations and direct institution of needed changes.

In its third year Project REACH continued to coordinate referrals to various state and local agencies (see referral chart). Other outcomes of interagency coordination include the establishment of a Cerebral Palsy clinic to enhance communication between the medical and educational programs of children with CP. In the case of CP medical information is basic to their educational programming.

The inter-agency flow chart developed by Project REACH is in the process of being introduced at a BOCES wide level to enhance communication between agencies for children not directly served by REACH.

SAN LUIS VALLEY BOARD OF COOPERATIVE SERVICES

INTERAGENCY FLOW CHART

The purpose of this form is to aid communication between the various service agencies currently involved with your child. Please draw a line to any of the listed agencies following your child. Please list any pertinent agencies not listed in the space provided.

Special Services through school district.
a. Special Education
b. Title I
c. Bilingual
d. Other (specify)
_____

Public Health
a. Nurse_____
b. Clinics
1. Devel. Evaluation
2. Hearing
3. Socliosis/Spinal
4. Neurology
5. Pediatric Cordiology
6. Orthopedic
7. Dental

Hanidcapped Childrens Program

SLV Comprehensive Mental Health Program

Adams State College Speech & Hearing Clinic

Social Services or Supplemental Security Income (SSI)

SLV Center for the Handicapped

NAME:_____

DISTRICT:_____

GRADE:_____

D.O.B.:_____

AGE:_____

PARENT/GUARDIAN:_____

_____

ADDRESS:_____

PHONE:_____

8. Colorado Rural Legal Services

9. Headstart (specify location)_____
_____

10. Community Recreation Activities i.e., summer swimming or athletics (specify location)
_____

11. Family Physician (specify)_____
_____

12. Family Dentist (specify)
_____

13. Other
a._____
b._____
c._____

1. San Luis Valley BOCES
22nd and San Juan
Alamosa, CO. 81101
589-5851

2. Alamosa Co. Public Health Nurse
702 4th St.
Alamosa, CO. 81101
589-6639

a) Costilla Co. Public Health Nurse
P.O. Box 302
San Luis, CO. 81152
672-3653

b) Saguache Co. Public Health Nurse
P.O. Box 68
Saguache, CO. 81149
655-2531

c) Conejos Co. Public Health Nurse
P.O. Box 98
Conejos, CO. 81129
376-5916

d) Rio Grande Co. Public Health Nurse
P.O. Box 418
Del Norte, CO. 81132
657-3352

e) Mineral Co. Public Health Nurse
P.O. Box 338
Creede, CO. 81130
658-2313

3. Handicapped Children's Program
1570 12th
Alamosa, CO. 81101
589-4313

4. SLV Comprehensive Mental Health Center
1015 4th
Alamosa, CO. 81101
589-3671

5. ASC Speech/Hearing Clinic
Adams State College
Alamosa, CO. 81101

6. Alamosa Social Services
610 State St.
Alamosa, CO. 81101
589-2581

b) Costilla Co. Social Services
43 1st
San Luis, CO. 81152
672-3376

c) Saguache Social Services
P.O. Box 215
Saguache, CO. 81149
655-2614

d) Conejos Co. Social Services
Conejos, CO. 81129
376-5455

e) Mineral Co. Social Services
Creede, CO. 81130
658-2416

f) Rio Grande Social Services
6th and Penesco
Del Norte, CO. 81132
657-3381

7. Family Physician _____

8. SLV Center for the Handicapped
703 4th
Alamosa, CO. 81101
589-5135

9. Colorado Rural Legal Services
626½ Main
Alamosa, CO. 81101
589-4993

10. Community Recreation/Services (specify)

_____

_____

11. Alamosa Head Start
807 Ross Ave.
Alamosa, CO. 81101
589-9171

12. Center Head Start Project
103 East 3rd
Center, CO. 81125
754-3191

13. Conejos Child Development Center
Conejos, CO. 81129
376-5563

14. Costilla Headstart
416 Gaspar
San Luis, CO. 81152
672-3310

15. Del Norte Headstart
P.O. Box 362
Del Norte, CO. 81132
657-3101

AGENCY	# OF CHILDREN REFERRED TO	REFERRED FROM	COORDINATION, COMMUNICATION ON ON-GOING BASIS
Colo. HCP	2	5	20
SLV Mental Health Center	3	6	3
Physicians	0	6	14
Public Health	0	4	4
D & E Clinic	0	12	6
Medical Clinics	15	0	15
Colo. Dept. of Ed.			On-going communication on Program
Colo. Deaf & Blind School	1	0	0
San Luis Valley BOCES	All REACH services are within the Special Ed. administrative unit of the San Luis Valley BOCES		

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COMMUNITY INVOLVEMENT

Educating a disabled child's extended environment is an important aspect of long-range change toward acceptance into the community. This objective of the grant has taken a lower priority to other more direct service objectives.

From August of 1979 through June 1981 ten (10) community presentations have been conducted in 6 communities. All of the community presentations in 80' - 81' were "Coping With Stress" workshops conducted by REACH's Physical Therapist. This presentation has been a very popular topic with approximately 150 people attending the workshops. Approximately 700 people attended the various community workshops conducted by REACH in the last 3 years.

ANALYSIS, SUMMARY & CONCLUSIONS

Final Analysis

If the criterion of success of the project is judged in terms of its success in meeting the 10 objectives, then the project would be termed very successful. The one main goal which called for the implementation of an exemplary tri-part model for the severely handicapped students to be used as a model for other rural communities in the nation seems to have been well addressed and accomplished.

In analyzing the accomplishments of the 10 objectives for the project, the following results were obtained. It should be noted that the time line and the percentages called for were not met exactly, but for the main part, were accomplished over the three year period.

Objective 1. To develop and implement in the school and home environment prescriptive supplementary supportive programs for 80% of the handicapped children ages 5-8 in the 14 school districts by June 1979.

This objective was not met by the June, 1979 deadline, however, by June 1981, the REACH staff had served 136 children of the 168 children previously identified as needing some such service. This was slightly above the 80% goal.

Objective 2. To improve the extension of each individual prescriptive educational program to the regular and/or special education classroom setting...70% by 1980.

This objective was met by 1980. More than 70% of the children's prescriptive programs were extended to their regular teacher through consultation and demonstration.

Objective 3. To improve communication of the prescriptive goals and methodology to the parents of handicapped children...80% by 1980.

As stated in the 1979-80 evaluation, this goal was not met in 1980. The director and the staff felt that this facet of the program was the least effectively handled of all the objectives. However, an examination of the "Parent Involvement" section of this evaluation (p.) shows that the REACH staff approached the problem the final year on a one-to-one family basis and were greatly successful in involving the parents in the program. This evaluator feels that this objective was met to a very healthy degree but not at the 80% level.

Objective 4. To increase the socio-functional, self-concept, and general academic skills of each child enrolled in the supplementary support service project by June 1981.

In an attempt to validly measure the above three characteristics, the REACH staff obtained the "Uniform Performance Assessment System" by White, Edgar and Haring, Child Development and Mental Retardation Center, University of Washington, Seattle, Washington.
Scheduling the assessments of the individual children became a major problem. Also, the test usually could not be administered in one session, necessitating call backs. This time consuming aspect caused the pre-testing alone to take approximately 45 days to complete assesments of only 25 children.
The staff considered the test to be very good, but as with all tests designed for handicapped children, the test was not appropriate for all the children with their many different types of handicaps.
The time element as the project wound down caused the staff to decide that it would be impossible to gather enough pre-test, post-test data on a large enough sample to be significant. Consequently, the last two months of the project were utilized in direct work with the children. Under ideal conditions with enough staff, adequate time and controlled scheduling the pre-test, post-test procedure to assess the improvement of these children in Socio-function, Self Concept and General Academic Skills could be accomplished. As it was, this objective was not met with any objective data available.

Objective 5. To involve 50 students of various disciplines to work with handicapped children in the homes or schools.

The director and staff found this objective to be nebulous and impossible to accurately measure. As stated in the 1979-1980 evaluation, "...many more than 50 students were acquainted with the efforts and philosophy of the REACH staff, however, no attempt was made to determine the impact such knowledge which might have led to students to engage in the educational process of the handicapped child or his parents."

This objective probably was unrealistic to the extent that in the total educational process a teacher never really knows when a "seed" has been planted which might germinate at a much later date. Hopefully, the college students who did become exposed to the program will eventually decide to either work in the field or will aid in establishing such programs in their own communities when they graduate from college.

Objective 6. To increase by 50% the knowledge of an interdisciplinarian approach of 20 professionals by means of a pre-test, post-test procedure.

Objective 6. Cont. The 1979-1980 evaluation showed that such a procedure with 25 teachers showed a gain of 26% in knowledge by attendance at one workshop. This was short of the anticipated or hoped for 50% but positive improvement did occur.

Objective 7. To stimulate 10 school discticts to lead in the implementation of programs for the handicapped children by 1981.

The mandate of HB 94142 which called for the mainstreaming of most handicapped children was definitely aided by the integration procedures provided by the REACH staff.

A careful reading of the "Integration Services" under the Education section of this evaluation report and of the 1979-1980 report will convince one that the staff was most proud of their efforts in this area. They were especially pleased with the success of and student interest in their Puppet Show. Conducted by members of the REACH staff, the puppets were used in skits involving two puppeteers playing an interaction designed to explain and change attitudes toward handicapping conditions in a positive way. Handicapping conditions covered in separate skits were "hearing impairment", "blindness", "mental retardation" and "cerebral palsy".

Objective 8. To acquaint 30% of the graduates in the Special Education Curriculums at Adams State College in the procedures of coordination and supplementary educational services of a special education teacher by the end of 1979.

As reported in the 1979-1980 evaluation report this objective was accomplished although the number of students in the college programs was small.

The program was continued during the 1980-1981 school year but the director was disappointed in the results. Scheduling problems, lack of cooperation by some college personnel and the excess load on REACH staff members all contributed to a less effective relationship between the REA the REACH staff and the college.

Objective 9. To develop a community-wide public information/public education program in 50% of the communities by 1980.

An attempt was made to meet this objective by staff members, however, priorities dictated that service to the children was more pressing and more desirable that meeting the objective. This objective was not met.

A summary presentation to the San Luis Valley Board of Cooperative Educational Services on May 27, 1981 by the Project REACH Director, Mrs. Kristie Bohn-MCHugh contained the following pertinent facts:

A model was developed by the Project REACH staff with three major components:

1. Service to severely and moderately handicapped children.
2. Education via in-service, consultation or Adams State College classes to administrators, parents and community members.
3. Interagency Cooperation and communication

Total expenditures on the Project REACH for the three year period were $335,000.00.

A total of 136 children were worked with by one or all four of the REACH staff (an occupational Therapist, physical therapist, speech therapist, and an itinerant special educator).

Of the 168 children needing attention, a total of 136 were worked with on a one-to-one basis by the REACH staff.

The average case load per staff member per week was 15 children.

Staff members travelled a total of 48,000 miles in serving the children of the San Luis Valley.

Approximately 30 parents were actively involved in extensive home programs. The staff provided an awareness and sensitivity to handicapped children through the use of Puppet shows and inservices to 13 school districts and a total of 3903 students and school staff members.

A college credit class entitled, "Mainstreaming Techniques for Regular Classroom Teachers" was taught in 3 districts to 65 teachers and administrators. Numerous inservices were given to approximately 500 teachers throughout the Valley.

Interagency involvement has included much cooperation and communication with other BOCES programs and child service agencies. These included Handicapped Children's Program, Mental Health, Blue Peaks Center for the Handicapped, Public Health and other community groups. Numerous in-services were provided to the above agencies.

Dissemination of the Project REACH has included presentations to local, state and national child centered associations, cross project visits, publications in journals and a book.

Spin offs of the project have included:

1. fielding of law suits regarding services to handicapped children.
2. aid in the prevention of teacher burn out.
3. updated materials and library resources for handicapped children.
4. an interview guide for administrators and support service staff.
5. a strong staff development and resource for the BOCES staff.

Conclusions

This evaluator has observed, worked with and interviewed the REACH staff members each of the last three years. He has found them to be young, intelligent, dynamic persons who were truly interested in helping high risk children. In the evaluator's opinion the enthusiasm and extra effort of this staff made the program a success. As pointed out earlier, time lines and percentages were not always achieved. However, positive progress was noted in all areas.